

INCIDENT FIELD REPORTING FORM

Basic Form (Page 1) - Compete for all Calls – All Fires need (Page 2)

Date	Alarm Tm	Arrive Tm	Wildfire Controlled Tm	Last Unit Clr	Incident #	Exp #

Location

Type	Number / Mile Marker	Street or Highway
Exact		
Intersect	Apt #	City State Zip
Front of		
Rear of	Cross Streets or Directions:	

Incident Type (Situation Found)

Kind of Fire	Rescue	Other (Give specifics):
Structure	EMS Assist	
Vehicle	Hazard Cond	
Wildland	Good Intent Call	

Mutual Aid

Received	Given to:	Their FDID & Incident #:

Actions Taken

Fire	Rescue / Search	Other (Give specifics):
Extinguish	EMS Assist / Transport	
Slvg & O/H	Remove Hazardous Materials	
Wildland Contain	Cancelled in Route	

Resources Used

Casualties

[if Mutual Aid #s Incl	Apparat Qty	Personnel Qty		Death	Injury
Suppression			Fire Service		
EMS (Don't Incl Fire Tks)			Civilian Fire		
Other (POV, civilians etc)			Civilian EMS		
Actual Apps:					
Actual Responders:					

Detectors (Required for Confined Fires Only)

Alerted Occupants	Did Not Alert Occupants	Unknown

Property Use

Residence	Office	Farm	Other: (Specify):

Hazardous Materials Release (< 55 gal)

Gas	Diesel	Propane	Other (Specify):

Occupant Name	Address	City State Zip	Phone
Owner Name	Address	City State Zip	Phone

Notes (Use back if needed):

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Authorization

Member making Report	Officer in Charge	Date of Report

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Basic Form (Page 2) Incident Involves Fire and/or Structure Fire – Incident Date/Time _____

Information about Property

Residential Living Units in Origin		Buildings Involved		Acres Involved (outside fires)	
	Estimated # involved (1=single home)		Number		Number (or <1)
	None		None		None

On-Site Bulk Materials (Specified if Stored, processed, sold or repaired at Property)

Description:

Ignition Description

Area of Origin (bedroom, etc):												
Heat Source (stove, spark, match etc.):												
Item/Material First Ignited (roof, bedding etc):												
Cause:		Intentl		Unintentl		Equip Failure		Nature		Under Invest		Under after Invest
Contributing Factors (not human such as Leak, Storm):												
Human factors:		Asleep		Alcohol/drugs		Unsuprv Psn		Disabled		Age		Other:
If Age was factor:		Male		Female		Approximate Age:						
Cond Affecting Fire Spread:		Attic Undivided				Pwr Lines Dwn			Entrance/Exit			
Other:												

Equipment (NOT VEHICLE), such as stove, cord, dryer, Involved in Ignition

Equipment	Brand	Model	SN	Year	Pwr Source	Portable (I)	Fixed (I)

Mobile Property (vehicle, trailer, boat, etc) Involved in Ignition

Type	Make	Model	VIN	Year	License #	State

Circle one: Not involved in Ignition but burned, Involved in Ignition but not burned, Involved and burned

STRUCTURE FIRE INFORMATION

Structure

Type:		Encl Bldg		Port Struct		Open Struct		Undergnd		Connective (eg. Fence)		
Other type (specify):												
Status:		Under Constr		Occupied		Idle		Vacant&Secured		Not Secured		Other:
	Stories Above Grade			Stories below Grade			Aprox SqFt Main Flr or Dimension (LxW)					

Fire Origin

	Story # of Origin			Below Grade						
Origin Confined to:		Object		Room		Floor		Building		Beyond Bldg

Rate Flame Damage Percentage to Number of Stories

	1-24% (minor damage)		25-49% (signif damage)		50-74% (heavy damage)		75-100% (extreme)
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Insurance Company Info

Name	Policy #	Agent's Name	Phone

Detectors & Automatic Extinguishing System (AES)

Detectors:		Y		N	Pwr Type:		AES Present		Y		N		
Type:		Smoke		Heat		Other:	Type:		Wet Pipe		Dry Pipe		Other
Operation:		Ok		Fail		Undetermined	# of Heads Operating:						
Effectiveness:							Effectiveness:						
Detector Failed Reason:							AES Failed Reason:						

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